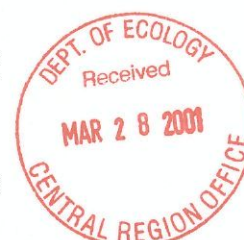




STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards



**A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHANGE No. C64-01319C WRIA 44  
DATE ACCEPTED 03/29/01 BY SA  
FEE \$ 110<sup>00</sup> REC'D 3/28/01  
CHECK No. 3881 FM  
SEPA: ☒ Exempt ☐ Not exempt

110F 11

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME Robert Foyle	<i>Amie Spitt Mike Clapphen</i>	PHONE NO. (509) 689-3592	FAX NO. ( )
ADDRESS PO Box 605			
CITY Brewster		STATE WA	ZIP CODE 98812
CONTACT NAME (IF DIFFERENT FROM APPLICANT) James D. King & Associates, Inc.		PHONE NO. (509) 422-1808	FAX NO. (509) 422-2809
ADDRESS 11 George Rd.			
CITY Omak	STATE WA	ZIP CODE 98841	

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER G4-01319C	RECORDED NAME(S) Chiliwist Orchards, Inc.
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. 10499 PERMIT NO. 9678 CERT. NO. 6401319C CERT. OF CHANGE NO. \_\_\_\_\_



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well		SW	SW	17	32N	25E	Gov't Lot 4	

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO      PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:  
Auvil Fruit Company

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
single domestic		2	continuous
irrigation of 41.4 acres		175.88	April through October

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
irrigation of 14.5 acres	145 gpm	61.6	April through October

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See Exhibit A							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See Exhibit B							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: Auvil Fruit Company							



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

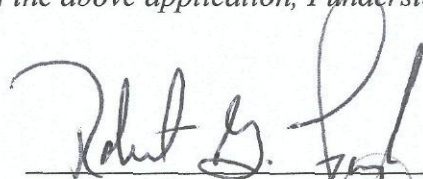
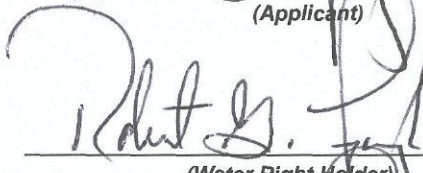
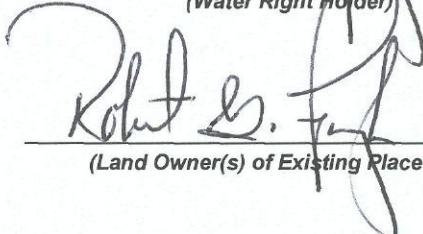
Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 _____ (Applicant)	<u>3/27/01</u> (Date)
 _____ (Water Right Holder)	<u>3/27/01</u> (Date)
 _____ (Land Owner(s) of Existing Place of Use)	<u>3/27/01</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

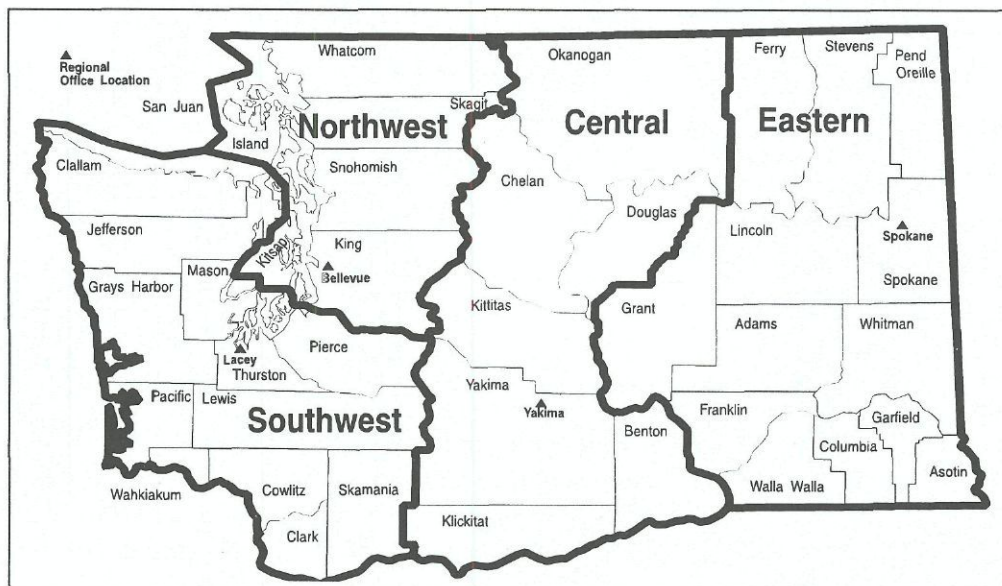
- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



## IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology  
Central Regional Office  
15 W. Yakima Avenue, Suite 200  
Yakima, WA 98902  
Telephone: (509) 575-2490

Department of Ecology  
Eastern Regional Office  
N. 4601 Monroe, Suite 202  
Spokane, WA 99205-1295  
Telephone: (509) 456-2926

Department of Ecology  
Northwest Regional Office  
3190 - 160<sup>th</sup> Avenue SE  
Bellevue, WA 98008-5452  
Telephone: (425) 649-7000

Department of Ecology  
Southwest Regional Office  
PO Box 47775  
Olympia, WA 98504-7775  
Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

Ecology is an Equal Opportunity and Affirmative Action employer...